NAME (Last) Young (First) Valeri (M.I.)	"C" NO./DDIS NUMBER	DATE OF BIRTH	GENDER
ADDRESS BDC	IS CLIENT ELIGIBLE FOR MEDICARE? ☐ YES ☐ NO	MEDICARE NUMBER	
CONSULTING SERVICE PT	MEDICAID NUMBER		

PERTINENT CLINICAL HISTORY

PRESENT MEDICAL CONCERNS

Lt foot drop. Please evaluate for PT, ROM to prevent fixed contractures, Plus evaluate for splinting. Thank You

PRESENT MEDICATIONS

PHYSICIAN Milos Javan MD 642-6117 **Date** 04/27/05

REPORT (FINDINGS, DIAGNOSIS, RECOMMENDATIONS)

DATE OF REPORT 5/2/05

A consultation for Ms. Young to P.T. Department by Unit Physician for P.T. evaluation, ROM ex's to left foot to prevent fixed contractures, and also an assessment for the need of Left foot orthosis. Current P.T. assessment showed that Ms. Young has the capability to transfer from wheelchair to mat table with minimal to moderate physical assistance and with verbal prompts. While on the mat table, she can roll from side to side and able to sit up from supine independently. She has good head and trunk control in sitting. She has good sitting balance. She can stand up from the edge of mat table with minimal to moderate physical assistance and able to maintain standing without assistance for two minutes. Inside parallel bars, she can stand up independently with verbal prompts and can maintain standing holding onto the bars. She's able to walk with moderate physical assistance for 50 feet. Outside parallel bars, she's able to walk for 100 feet needing two staff to walk with her since she has a tendency to lean to the staff, and also will lean forward during the course of ambulation. Minimal left foot drop during ambulation observed.

Recommendations: Ms. Young be scheduled for P.T. treatment 2x/week to receive: Mat ex's, ambulation ex's, ROM ex's to both upper and lower extremities. Ms. Young will also be scheduled to see the Orthotist (in his next visit to BDC) for the evaluation of Left foot orthosis. Will follow up.

Signed DTCipriano, P.T.

(USE BACK OF FORM IF NECESSARY)

FACILITY/AGENCY	OMRDD	36 (MED) (MR) (3-83)
MSA 10/0	CONSULTATION REQUEST	